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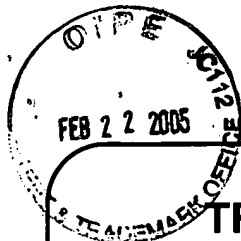
*Michael W. Haas*

Signature of person mailing correspondence

Michael W. Haas

Typed or printed name of person mailing correspondence

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02/23/05

AF 211

<b>TRANSMITTAL FORM</b> (To be used for all correspondence after initial filing)	Application Number	09/586,054
	Filing Date	June 2, 2000
	Confirmation Number	5574
	Inventor(s)	HILL et al.
	Group Art Unit	3731
Express Mail Label No.: EL 997386394 US	Examiner	Erezo, D..
Total Number of Pages in This Submission: 14	Attorney Docket No.	98-37 RCE

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (submit in duplicate)	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> Issue fee Transmittal Form PTOL-85(b) + (c) and Cover Sheet
<input type="checkbox"/> Fee Attached \$ <input type="text"/>	<input type="checkbox"/> Cover Sheet	<input type="checkbox"/> After Allowance Communication to Group
Check No.: <input type="text"/>	<input type="checkbox"/> Drawing Change Authorization Request and Amended Figure(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Request for Return of PTO-1449 Forms	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to the Commissioner	<input type="checkbox"/> Request for Continued Examination (RCE)
<input type="checkbox"/> Affidavits / Declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Request Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Address	<input type="checkbox"/> Small Entity Statement
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer(s)	<input type="checkbox"/> Request for Refund
<input type="checkbox"/> Form PTO-1449	<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Response to Missing Parts / Incomplete Application
<input type="checkbox"/> Cited References	<input checked="" type="checkbox"/> Certificate of Mailing by Express Mail	
<input type="checkbox"/> Search report		
<input type="checkbox"/> Drawing(s): Number of Pages <input type="text"/> Number of Figs. <input type="text"/> and cover sheet	<input type="checkbox"/> Other Enclosure(s): <input type="text"/>	
<input type="checkbox"/> Formal		
<input type="checkbox"/> Informal		

**Current Due Date:** February 22, 2005 (February 21, 2005 = Holiday, 2 months extended)**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Individual and Company	Michael W. Haas, Reg. No. 35,174 RESPIRONICS, Inc., 1010 Murry Ridge Lane, Murrysville PA, 15668
Signature	<i>Michael W. Haas</i>
Date	February 22, 2005

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence and all enclosures are being deposited with the United States Postal Service with sufficient postage as "Express Mail Post Office to Addressee" in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: <u>February 22, 2005</u> , Express Mail Label No. <u>EL 997386394 US</u> .			
Typed Name	Michael W. Haas, Reg. No. 35,174		
Signature	<i>Michael W. Haas</i>	Date	February 22, 2005

<b>OFFICE OF THE COMMISSIONER OF PATENTS</b> <b>FEE TRANSMITTAL</b> (Effective 12/08/2004)		Application Number	09/586,054
		Filing Date	June 2, 2000
		First Named Inventor	HILL et al.
		Confirmation Number	5574
		Group Art Unit	3731
		Examiner's Name	Erezo, D.
		Attorney Docket No.	97-38 RCE
"Express Mail" Label No. EL 997386394 US <b>TOTAL AMOUNT OF PAYMENT</b>		<b>\$ 450.00</b>	

METHOD OF PAYMENT	FEE CALCULATION (continued)																																																																																																																																																												
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: <u>50-0558</u></p> <p>Deposit Account Name: <u>Respironics, Inc.</u></p> <p><input checked="" type="checkbox"/> Charge any additional fee required under 37 C.F.R. §§ 1.16, 1.17, 1.19 and 1.20     <input type="checkbox"/> Charge the Issue Fee set forth in 37 C.F.R. § 1.18</p>	<p><b>3. APPLICATION SIZE FEE</b></p> <p>If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional 50 sheets or fraction thereof. See 35 U.S.C. § 41(a)(1)(G) and 37 C.F.R. § 1.16(s).</p> <table style="width: 100%;"> <tr> <td style="text-align: center;">Total Sheets</td> <td style="text-align: center;">Extra Sheets</td> <td style="text-align: center;">Number of each additional 50 fraction thereof</td> <td style="text-align: center;">Fee(\$)</td> <td style="text-align: center;">Fee Paid(\$)</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">-100 = _____</td> <td style="text-align: center;">/50 = _____</td> <td style="text-align: center;">(round up to a whole number) X 250 = _____</td> <td></td> </tr> </table>	Total Sheets	Extra Sheets	Number of each additional 50 fraction thereof	Fee(\$)	Fee Paid(\$)	_____	-100 = _____	/50 = _____	(round up to a whole number) X 250 = _____																																																																																																																																																			
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<b>SUBMITTED BY</b>					
Typed or Printed Name	Michael W. Haas			Reg. Number	35,174
Signature			Date	February 22, 2005	Deposit Account Number
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